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SOUTH-WEST LONDON AND SURREY EXECUTIVE COUNCIL

(NATIONAL HEALTH SERVICE)



YEAR 1966-1967

ANNUAL REPORT

on the Services administered by the South-West London and

Surrey Executive Council,

under the National Health Service Acts

and the

Accounts and Financial Statements

for the

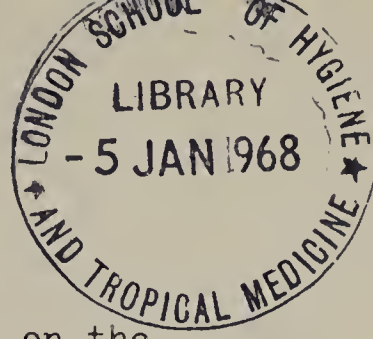
YEAR ENDED 31st MARCH, 1967

E. W. GEAREY
Chairman of the Council

H. V. WIGGETT
Clerk of the Council

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by

THE CHAIRMAN OF THE COUNCIL

I have pleasure in presenting the Second Annual Report on the services administered by the Executive Council and the accounts and financial statements for the year ended 31st March, 1967. The report contains statistical and other information which gives some indication of the extent and variety of the matters which have called for the Council's attention, and the considerable volume of administrative work carried out by the staff.

The period under review has been an active one for Executive Councils. In addition to their normal duties they have been called upon to implement new regulations and directives including, in particular, those arising from the introduction of a revised system of remuneration for doctors involving new methods of working and the acceptance of extra responsibilities by Councils and their staffs.

The increased interest in the provision of health centres has been particularly noticeable in the Council's administrative area during the year. At the end of the year, 34 projects were under consideration and it was known that further proposals were likely to be received from Local Authorities in the coming months. It seems clear that this aspect of the Council's work will play an increasingly important part in their responsibilities and duties under the National Health Service Act to make arrangements for the provision of personal medical services for persons in the area who wish to take advantage of them, and that the considerable upsurge of interest in the provision of these centres is likely to produce a significant increase in the volume of work to be dealt with by the officers of the Council.

In my foreword to the Annual Report for 1965/66 I commented upon the Council's willingness to meet the challenge of new tasks and the new opportunities presented to them to influence the development of the service, and on this occasion I would like to pay tribute to the manner in which members of the Council have responded to the challenge. The introduction of the new arrangements to which I have referred has involved them in careful and detailed consideration of regulations and official circulars, and in a great deal of study and discussion of the problems connected with their new responsibilities, and I am indeed grateful to the Vice-Chairman and members of the Council and the Chairmen and members of Committees who have so willingly given their time and energy to these tasks in order to ensure that the administration of the Family Practitioner Services for which the Council is responsible functions smoothly and efficiently.

I should like to record my renewed thanks to officers and members of the Local Professional Committees for the close co-operation and help which the Council has continued to receive from them, and my appreciation of their advice and assistance which has, as always, been made readily available and has proved to be invaluable in dealing with the many professional and technical matters which have arisen during the year. I am sure that all members of the Council would also wish me to pay a very warm tribute to the Clerk of the Council, the chief officers and all members of the staff for their loyal and efficient services throughout the year and for the way in which they have successfully carried out their duties in spite of the many difficulties which have arisen.

In conclusion I would like to mention the members of the professions who provide the Family Practitioner Services which are administered by the Council. This report shows that the number of complaints which Service Committees have been called upon to investigate has been exceedingly small in relation to the very large volume of items of service provided, and the professions are to be congratulated on the high standard of service which has been maintained in the Council's area.

E. W. GEAREYCHAIRMANJune, 1967.

EXECUTIVE COUNCIL FOR SOUTH-WEST LONDON AND SURREY

YEAR 1966 - 1967

Table of Contents.

	PAGE		PAGE
Members of the Council	1	Statistical data issued by the Joint Pricing Committee.....	17
Principal Officers of the Council.....	1		
PART I		PART V	
EXECUTIVE COUNCIL AND COMMITTEES		GENERAL DENTAL SERVICES	
Membership of the Council and Committees ...	2	Dental List.....	18
Obituary.....	2	Remuneration.....	18
Meetings.....	2	Replacement of Dental Appliances.....	18
Constitution of Committees.....	2	Discontinuance of treatment.....	19
		References to Dental Officer.....	19
Part II		Charges for general dental services.....	20
GENERAL MEDICAL SERVICES		Use of Hospital facilities by General Dental Practitioners.....	20
Medical List.....	3		
Classification of Areas.....	3-4	Part VI	
Medical Practitioner Vacancies.....	5	SUPPLEMENTARY OPHTHALMIC SERVICES	
Permitted maximum of patients on doctors' lists.....	5	The Ophthalmic Services Committee.....	21
Health Centres.....	6	The Ophthalmic Investigation Committee.....	22
		The Ophthalmic List.....	23
REMUNERATION		Statement of Fees and Charges.....	23
Negotiations on new contract.....	6	Sight Tests.....	23
Revised fees and allowances.....	7-9	Permission for sight tests.....	24
Deputising Arrangements	9	Supply of Glasses.....	24
Reports, Memoranda, etc., supplied to Medical Practitioners.....	10	Dispensing Claims.....	24
		Uncollected glasses.....	25
PART III		Replacement and repair of glasses.....	25
REGISTRATION		Domiciliary visits.....	25
Persons on Doctors' Lists.....	11	Revision of Forms	26
Records of Elderly Patients.....	11	Statement of S.O.S. provided and payments made during year ended 31st March, 1967.....	27-28
Inflation.....	12	PART VII	
Assignment of Persons to Practitioners.....	12	NATIONAL HEALTH SERVICE (SERVICE COMMITTEES AND TRIBUNAL) REGULATIONS	
Drug Addiction.....	12	Service Committee Investigations.....	29
PART IV		Appeals against decisions of the Dental Estimates Board.....	29
PHARMACEUTICAL SERVICES			
Pharmaceutical List.....	13	PART VIII	
Hours of Service.....	13	SUPERANNUATION	
Scheme for Testing Drugs and Appliances.....	14	The National Health Service Superannuation Scheme....	30
Comprehensive Handbook on Prescribing.....	14		
Remuneration of Chemists.....	14-15	PART IX	
Weights and Measures.....	15	GENERAL	
Pricing of Prescriptions.....	15	Appointments to other Bodies.....	31
Preparations alleged not to be drugs.....	15	Executive Councils Association (England).....	31
Oxygen Therapy Equipment.....	16	Joint Pricing Committee (England).....	32
Medical Practitioners - Drugs and Appliances.....	16	Royal Society of Health.....	32
		STAFF	
		(a) Establishment.....	32 & 34
		(b) Training.....	32
		(c) Retirements.....	32
		Office Accommodation.....	33
		FINANCIAL STATEMENTS - Appendix	
		Cost of Services 1966-67.....	35
		Statement of Account and Analysis of Payment.....	36-41
		Estimate for year ending 31st March, 1968 (Administration).....	42

EXECUTIVE COUNCIL FOR SOUTH-WEST LONDON AND SURREY

National Health Service

Membership of the Council as at 31st March, 1967

CHAIRMAN

Mr. E.W. Gearey

VICE-CHAIRMAN

Dr. D.F. Kanaar

APPOINTED BY
MINISTER OF HEALTH

*1967 Mr. A. Burgess
*1967 Mr. W. E. Foulds
1968 Mr. R. O. Jenkins, T.D.
1969 Mr. C. S. Petheram, C.B.E., M.C.
1968 Mr. W. J. Rose
1969 Mrs. C. M. Waugh

APPOINTED BY
LOCAL DENTAL COMMITTEE

*1967 Mr. L.K. Caygill
1968 Mr. E.W. Gearey
1969 Mr. B.A. Oliver
1969 Mr. S.F. Wright

APPOINTED BY
THE LONDON BOROUGH OF CROYDON

1968 Mrs. B. Saunders
*1967 Dr. S.L. Wright

APPOINTED BY
THE LONDON BOROUGH OF MERTON

1968 Miss N.K. Watts

APPOINTED BY
THE LONDON BOROUGH OF SUTTON

1969 Mr. G.F. Everitt, J.P.

APPOINTED BY
LOCAL MEDICAL COMMITTEE

1969 Dr. J. C. Cameron
1969 Dr. J. D. Finnegan
*1967 Dr. G. Hirst
*1967 Dr. R.C.R. Gethen
*1967 Dr. R.V. Goodliffe
1969 Dr. D.F. Kanaar
1968 Dr. J.H. Lankester
1968 Dr. C.P. Wallace
1968 Dr. T.G.E. White

APPOINTED BY
LOCAL PHARMACEUTICAL COMMITTEE

*1967 Mr. E. Neville Browne
1969 Mr. T. Reid
1968 Mr. F. C. Wilson

APPOINTED BY
THE ROYAL BOROUGH OF KINGSTON UPON THAMES

1969 Mr. H.W. Payne

APPOINTED BY
THE LONDON BOROUGH OF RICHMOND-UPON-THAMES

*1967 Mr. F. D. Gilday-Fox

APPOINTED BY
THE COUNTY COUNCIL OF SURREY

*1967 Mr. A. E. Fellowes
1968 Mrs. K.C.S. Garrett
*1967 Mrs. G. M. Gates
1968 Col. B. Stuart Horner, O.B.E.
1969 Mrs. B. E. Redding, O.B.E.

NOTE: The year shown against each member's name indicates the expiration of term of office at the 31st March of that year.

*Reappointed for a further term of office.

Principal Officers of the Council

CLERK OF THE COUNCIL - Mr. H.V. Wiggett
DEPUTY CLERK - Mr. L.W. Richards
FINANCE OFFICER - Mr. S.R. Geeson
REGISTRAR - Mr. G.O. Smith

REPORT OF THE CLERK OF THE COUNCIL
FOR THE YEAR ENDED 31ST MARCH, 1967

PART I

EXECUTIVE COUNCIL AND COMMITTEES

1. Membership of the Council and Committees

Members of the Council hold office for three years, one-third of the members retiring each year.

Dr.C.R.Nunan, a member appointed by the Local Medical Committee, resigned his membership during the course of the year and was succeeded by Dr.G.Hirst. Dr.Nunan, who was appointed to the Council on 1st April, 1965, was formerly a member of the Croydon Executive Council from 1947 until its dissolution in March, 1965, and was Chairman of that Council from 1963 to 1965. He was held in high esteem by both lay and professional members, and the Council placed on record their appreciation of his long and valuable services.

2. Obituary

The Council suffered a sad loss by the death on 20th October, 1966 of Mr.W.A.Bishop, a member appointed by the Minister of Health. Mr.Bishop served as a member of the Council from its inception until the time of his death. He was formerly a member of the Croydon Executive Council from 1952 to 1965, and the Council have paid tribute to the services he rendered and recorded their deep regret at his passing.

3. Meetings

The number of meetings of the Council and Committees held during the period 1st April, 1966 to 31st March, 1967, was as follows:-

			<u>Number of Meetings</u>
Executive Council			7
<u>Committees:-</u>			
Allocation	...	...	1
Dental Service	...	...	8
Dispensing	...	...	1
Establishment	...	...	4
Finance & General Purposes	...	...	5
General Services	...	...	11
Hours of Service	...	...	2
Joint Consultative	...	...	-
Joint Liaison	...	...	14
Medical Service	...	...	7
Ophthalmic Investigation	...	...	2
Ophthalmic Services	...	...	4
Ophthalmic Services Advisory			
Sub-Committee	...	...	4
Pharmaceutical Service	...	...	2
			<hr/> 72 <hr/>

4. Constitution of Committees

The Establishment, Finance and General Purposes, and General Services Committees consist entirely of members of the Council. The Joint Liaison Committee consists of three persons appointed by the Council and three medical practitioners appointed by the Local Medical Committee, with an equal number of deputies. The Joint Consultative Committee consists of four members appointed by the Council to include both members of the Council and the principal officers, and four members of the staff who are members of a nationally recognized negotiating body. The membership of the remaining Committees consists of members of the Council and those appointed by the appropriate professional bodies.

PART II

GENERAL MEDICAL SERVICES

1. Medical List

At the 31st March, 1967, the names of 1323 medical practitioners were included in the Council's Medical List for the provision of general medical services. Of this number the names of 791 were included in the obstetric part of the list. Three practitioners were providing maternity medical services only, and 50 had restricted their lists to the residents and/or resident staff of certain schools, hospitals and other institutions. There were 52 medical practitioners acting as assistants and 6 trainee practitioners.

The names of 76 practitioners were added to the Medical List during the year. There were 91 withdrawals due to retirement and for other reasons, and 6 practitioners died.

Of the 1323 medical practitioners whose names were included in the Medical List at 31st March, 1967, 443 were resident in the areas of adjacent Executive Councils.

2. Classification of Areas

The National Health Service (General Medical and Pharmaceutical Services) Regulations, require the Council once in every year or at such more frequent intervals as the Medical Practices Committee may require, to furnish the Committee with information to enable them to judge the adequacy of the medical service in the area of the Council. After discussions with the Executive Councils' Association (England) and the Association of Welsh Executive Councils, the Committee agreed in September 1955 only to ask for a full report on each Council area once in three years, subject to the right to call for a special report at any time if necessary. Quarterly returns of local changes are submitted to the Medical Practices Committee. The present classification of the Council's area is as follows:-

DESIGNATED

Beddington and Wallington
Croydon North
Frimley and Camberley U.D.
Mitcham
Staines U.D.
Sunbury on Thames U.D.
Surbiton

OPEN

Bagshot R.D.
Banstead U.D.
Barnes
Caterham and Warlingham U.D.
Carshalton
Chertsey U.D.
Coulsdon and Purley
Croydon (1) Addington and New Addington
(2) Southern Croydon (Excluding Addiscombe Ward)
Egham U.D.
Epsom and Ewell Borough
Esher U.D.
Kingston upon Thames
Leatherhead U.D.
Malden and Coombe
Merton and Morden
Reigate Borough
Richmond
Sutton and Cheam
Twickenham
Walton and Weybridge U.D.
Wimbledon
Woking U.D.
Worcester Park Postal Area

INTERMEDIATE Addiscombe Ward (Southern Croydon)
Dorking and Horley R.D.
Farnham U.D.
Godalming Borough
Godstone R.D.
Guildford Borough
Hambledon R.D.
Guildford R.D.

RESTRICTED Dorking U.D.
Haslemere U.D.

In July 1964 the Medical Practices Committee, after consultation with representatives of the British Medical Association and the Executive Councils' Association, decided that certain revised criteria for the classification of practice areas should be introduced.

The following is an outline of the criteria involved in the four classification grades:-

- (i) Designated Areas where an Initial Practice Allowance is available for new entrants into independent practice who are eligible to receive such payments.

Standards: Where the average list of patients per doctor is over 2,500 and the overspill may be sufficient to enable a doctor to develop a new practice or, if below this figure, where there are other considerations such as excessive outside commitments or new building which may have the same effect.

- (ii) Open Areas

Standards: Generally where lists average between 2,100 and 2,500. All applicants to enter practice in areas classified as Designated or Open may be assured that admission to the Medical List will be automatic on completion of their applications and that they may go ahead with all arrangements in anticipation of this.

- (iii) Intermediate Areas

Standards: Where lists average between 1,800 and 2,100 generally and where other commitments such as mileage, dispensing, etc., would not warrant the classification of Open.

Applicants to go on the Medical List to practise in such areas must be clearly warned that admission should not be taken for granted. It will depend on all the circumstances in the area at the time the application is considered and application may well result in a decision that the number of doctors is already adequate and, in the absence of any special considerations personal to the doctors or the area concerned, result therefore in refusal (subject of course to the statutory right of appeal).

- (iv) Restricted Areas

Standards: Where the Committee has already decided that the number of doctors on the Medical List is adequate and where, in the absence of any special considerations which might cause the Committee to allow the application or the Minister on appeal to make an order having that effect, applications will normally meet refusal (again subject of course to the statutory right of appeal).

3. Medical Practitioner Vacancies

On the withdrawal or removal of the name of a medical practitioner from the Medical List, the Council is required to inform the Medical Practices Committee and to furnish them with a report as to the need for filling the vacancy. The withdrawals from the Medical List during the past year have been dealt with in the following manner:-

Small lists - vacancies not declared	.....	.....	27
Partner(s) regarded as successor	.....	.....	64
Vacancies declared	.....	.....	6
			<hr/>
<u>TOTAL:</u>			<u>97</u>

During the year 1966-67 the Council announced 6 vacancies in the Medical Press, and a note of the number of applications received is set out in the following schedule:-

<u>Vacancy No.</u>	<u>Reason for Vacancy</u>	<u>Approximate number of patients</u>	<u>Number of applications</u>
76	Resignation	2026	7
77	"	2509	10
78	"	New designated area	11
79	"	2300	13
80	"	2700	13
81	"	2400	8

In 4 cases the applicants recommended by the Council were appointed to the vacancies. In 2 cases appeals were made by unsuccessful applicants and after an oral hearing the Minister of Health upheld the appeals of 2 applicants and appointed them to the vacancies.

4. Permitted maximum of patients on doctors' lists

The maximum number of patients a doctor is permitted to have on his list under the provisions of the Allocation Scheme is as follows:-

(a) Single-handed practitioner	.....	.....	3,500
(b) Practitioners in partnership (provided that the average list of all partners does not exceed that of a single-handed practitioner)	.....	.....	4,500
(c) Allowance for employment of an assistant full-time	.....	.....	2,000

A tolerance of 50 over and above these maxima is allowed in respect of each principal practitioner. No tolerance is allowed in respect of an assistant.

An allowance may also be made in respect of the employment of a part-time assistant, provided the assistant is employed for at least half the time for which a full-time assistant would ordinarily be employed, and during the year two applications for additional numbers for part-time assistants were allowed.

The Council is not ordinarily permitted to pay capitation fees for numbers in excess of the above maxima but new Regulations, introduced in December 1965, gave Executive Councils power to permit a doctor to retain an excess of patients on his list for a limited period after the death or retirement of a partner or the cessation of employment of an assistant. Councils need the Minister's approval if they propose to allow a doctor to retain an excess list beyond the period stated in the Regulations.

5. Health Centres

During the year the Council has been notified of proposals by Local Authorities to establish new Health Centres in the following districts:-

Croydon	Guildford
Englefield Green	Merrow
Ewell	Oxted
Frimley Green	Surbiton
Godalming	Upper Hale

In each case consideration has been given to the desirability of including provision for facilities for general medical practice in the Centres, and the Council has notified the practitioners in the areas concerned and sought their observations on the proposals.

6. Remuneration

The method of remunerating doctors providing general medical services under the National Health Service resulted from negotiations between the Minister of Health and general practitioner representatives following publication of the profession's "Charter for the Family Doctor Service" early in 1965. Recommendations as to the levels at which the main fees and allowances forming a new system should be paid were made (in its Seventh Report published on 4th May, 1966) by the Review Body on Doctors' and Dentists' Remuneration which was set up in March, 1962 in accordance with the recommendations of the Royal Commission on Doctors' and Dentists' Remuneration "to advise the Prime Minister on the remuneration of doctors and dentists taking any part in the National Health Service".

The Government accepted the recommendations of the Review Body, except for a reservation on timing. They agreed with the Review Body that special considerations of workload and manpower in general practice justified an exceptionally large increase in remuneration for general practitioners, but considered that in the light both of current economic difficulties and of their general policy for prices and incomes they would not be justified in implementing in a single step an increase of the magnitude the Review Body had recommended. They accordingly proposed a method of phasing under which approximately half the increase would become payable in the year beginning 1st April, 1966, and the remainder in the year beginning 1st April, 1967. The Incomes Standstill announced by the Government in July, 1966 subsequently made it necessary to defer for six months the increases which were to be paid in the first year.

The principal payments under the new scheme, in addition to capitation payments, are:-

- (i) A basic practice allowance to recognise commitments and obligations which do not vary proportionately to the size of the list.
- (ii) Special allowances to recognise:-
 - Seniority
 - Practice in groups
 - Practice in designated areas
 - Vocational training
- (iii) Payments for out-of-hours responsibilities including a supplementary practice allowance, supplementary capitation fees and night visit fees.
- (iv) Payments for:-
 - (a) Vaccinations and immunisations carried out for reasons of public policy.
 - (b) The arrest of dental haemorrhage.
- (v) Payments in respect of:-
 - Employment of ancillary help.
 - Rent and rates of premises (including notional rent of owner-occupied premises).
 - Employment of locums during the doctor's own sickness.

The following are the new fees and allowances. The amounts in column 1 came into operation on 1st October, 1966, except where a later date is indicated; those in column 2 were payable from 1st April, 1967:-

	<u>From</u> <u>1st Oct. 1966</u>	<u>From</u> <u>1st April, 1967</u>
	<u>Col. 1</u>	<u>Col. 2</u>
(a) Basic practice allowance (full rate)	£925 p.a.	£1,000 p.a.
(b) Additions (full rates) to the basic practice allowance:		
(i) For practice from a main surgery in an area that has been continuously designated for at least 3 years.	£200 p.a.	£400 p.a.
(ii) Practice as a member of a group.	£100 p.a.	£200 p.a.
(iii) For seniority:		
1st payment	£100 p.a.	£200 p.a.
2nd payment - an additional	£100 p.a.	£200 p.a.
3rd payment - an addition of a further	£125 p.a.	£250 p.a.
(iv) For vocational training	£ 62 10s. p.a.	£125 p.a.
(v) Employment of an assistant (full-time) or where the principal (or in a partnership all principals) receive(s) payment under (b)(i) above.	£462 10s. p.a. £562 10s. p.a.	£500 p.a. £700 p.a.
(c) Standard capitation fee -		
(i) For each elderly patient on the doctor's list.	£1 p.a.	£1 8s.p.a.
(ii) For all other patients on the doctor's list.	£1 p.a.	£1 p.a.
(d) Payments for out-of-hours responsibilities -		
(i) Supplementary practice allowance (full rate)	£200 p.a.	£200 p.a.
(ii) Supplementary capitation fee for each patient in excess of 1,000 on the list (1,000 per doctor on the combined lists of doctors in partnership).	2s6d p.a.	2s6d p.a.
(iii) Fee for visit requested on or after 1st April, 1967 and made between midnight and 7 a.m.	£1 per visit	£1 per visit
(e) Postgraduate training allowance	£100 lump sum	£100 lump sum
(f) A fee for an item of service carried out on or after 1st April, 1967 for reasons of public policy.	as per an agreed schedule	as per an agreed schedule

	<u>From</u> <u>1st Oct. 1966</u>	<u>From</u> <u>1st April, 1967</u>
	<u>Col. 1</u>	<u>Col. 2</u>
(g) A fee per patient for the provision of complete Maternity Medical Services by a practitioner included in the Obstetric List.	£13 13s	£15
Other fees have been agreed for practitioners not included in the Obstetric List and for partial services.		
(h) Temporary resident fee (full rate)	£1 2s 6d	£1 2s 6d
(j) A fee for treatment given by a doctor in an emergency to a patient not on his list and not eligible to be treated as a temporary resident -		
Consultation	12s 6d	12s 6d
Minor operation	£1	£1
General anaesthetic (other than nitrous oxide or ethylchloride)	£2 7s 3d	£2 10s
(k) A payment where the doctor is required to provide the services of another doctor for the purpose of administering an anaesthetic except in connection with Maternity Medical Services -		
(i) Other than nitrous oxide or ethylchloride	£2 7s 3d	£2 10s
(ii) Nitrous oxide or ethylchloride	£1	£1
(l) A fee for the arrest of dental haemorrhage on or after 1st January, 1967	10s. or 17s6d	10s. or 17s6d
(m) Rural practice payments and mileage compensation	No change in the former agreed method of allocation of a special Fund, but Fund was increased by 5% from 1st October, 1966 and by a further 5% from 1st April, 1967.	
(n) Payments in respect of the Trainee Practitioner Scheme -		
(i) Trainer's grant	£200 p.a.	£200 p.a.
(ii) Allowance for additional car	£270 p.a.	£270 p.a.
(iii) Trainee's salary and board and lodging (maximum) -		
(a) if trainee was in post at 30th Sept. 1966	£1,600 p.a.	£1,600 p.a.
(b) if trainee commenced training on or after 1st Oct. 1966	on range £1,500/£1,950 p.a.	on range £1,550/£1,950 p.a.

(o) Payments in respect of the supply of drugs and appliances

Arrangements continued for the payment of doctors who undertake to supply drugs and appliances to their patients, but from 1st October, 1966 other doctors received a separate payment only for vaccines, etc., they administered personally and for certain other minor items.

(p) An initial practice allowance

At rates to be settled later.

(q) An inducement payment

Assessments of amounts to be paid made on individual merits of each case.

In addition, payments were made, as from 1st October, 1966, in respect of certain expenses incurred by the doctor on the employment of ancillary staff and on the provision of premises. From 1st April, 1967, direct payments also made towards the cost of employing a locum or other deputy necessarily employed during the doctor's own sickness. Improvement grants and group practice loans continued to be available.

The new system of remuneration is different from the old system in several ways, the main differences being:-

- (a) Previously the Government credited a fixed sum (representing an agreed average net income for all doctors providing unrestricted general medical services and the aggregate practice expenses of all those doctors) to a pool against which the various fees were debited. Under the new contract there is no pre-determined limit on the aggregate of the fees to be paid.
- (b) Previously the bulk of payments were capitation fees - i.e. payments in respect of each patient on the doctor's list, with additional payments known as "loadings" for the patients on the mid-ranges of the list, and those fees covered a 24-hour responsibility. Under the new system payments are related much more closely to the doctor's individual circumstances. In addition to the capitation fee, there is a basic practice allowance with additions for seniority, training, and practice in groups; payments for responsibility and work out-of-hours; increased fees for elderly patients; payments for rent and rates of premises and the cost of ancillary staff.

7. Deputising Arrangements

The Terms of Service for general medical practitioners govern, inter alia, the arrangements a doctor is required to make for a deputy to conduct his practice when he is prevented from giving treatment personally by reason of other professional duties, temporary absence from home or other reasonable cause.

In most areas doctors are accustomed to making arrangements with their partners, or with other doctors in the neighbourhood, possibly through rota arrangements, for the care of their patients during short periods when they will not themselves be available, e.g. occasional or periodical night coverage or surgeries. They also contract directly with a locum tenens when one is required. Standing arrangements must be notified to the Executive Council, who have also to be notified of arrangements made for periods of absence longer than a week.

In a few areas there are companies, firms and persons, who in return for payment undertake to provide a deputising service to cover off-duty periods. A practitioner who wishes to use, or continue to use, one of these deputising services must obtain the consent of the Executive Council. Up to 31st March, 1967, the consent of the Council to use Deputising Services had been granted in 210 cases.

8. Reports and Memoranda, etc., supplied to Medical Practitioners

During the year the Council distributed to Medical Practitioners the following publications, etc., supplied by the Ministry of Health:-

(a) Facilities for incontinent patients

A circular letter relating to the provision by Local Health Authorities of incontinence pads and protective clothing for incontinent patients.

(b) Screening for Congenital Dislocation of the Hip

A Memorandum, prepared by the Standing Medical Advisory Committee, concerning the possibility of systematic screening of new-born children for the detection of Congenital Dislocation of the Hip. The Memorandum gave information on the aetiology, incidence, early diagnosis and treatment of Congenital Dislocation of the Hip and emphasised the importance of testing every new-born baby.

(c) Population Screening for Cancer of the Cervix

A Memorandum prepared with the agreement of the Standing Medical Advisory Committee on the planning of population screening services for cervical cancer, with a view to making the services available to all women at risk.

(d) Radiological Hazards to Patients

A circular letter enclosing a copy of the Final Report of the Committee appointed "to review the present practice in diagnostic radiology and the use of radio-therapy in non-malignant conditions, having regard to the Report of the Committee on the Hazards to man of Nuclear and Allied Radiations and to make recommendations". The report deals with the problem of estimating the dose relevant to any possible somatic hazards arising from the medical uses of Ionising radiations.

PART III

REGISTRATION

1. Persons on Doctors' Lists

At the end of the year under review the number of persons on doctors' lists was 2,026,769: there were 320,933 additions to doctors' lists and 300,063 removals.

An indication of the movement in the registers which took place during the year may be gained from the following table:-

(a)	Number of persons removed from lists of doctors who resigned during the year	78,909
(b)	Number of persons placed on lists of successors to resigned doctors' practices	71,220
(c)	Applications from persons registering with a doctor for the first time	56,947
(d)	Acceptances in respect of persons who moved into the area	87,956
(e)	Persons transferred from one doctor to another within the area	102,671
(f)	Notices from Central Register in respect of persons who moved out of the area	95,976
(g)	Notices in respect of persons who died, enlisted or went abroad	45,458
(h)	Claims passed for payment in respect of persons who received treatment from doctors as temporary residents	51,073

2. Identification and Filing of Records of Elderly Patients

In order to implement the agreement reached between the Minister of Health and the representatives of the medical profession that higher capitation fees should be paid for patients aged 65 and over, Executive Councils were asked to take steps to ensure that all nominal index cards and medical register cards included the patients' date of birth. Accordingly an extensive check on the Council's Registers has been carried out throughout the year (a) to record the dates of birth from nominal index cards on to the medical register cards, and (b) to identify in the nominal index register cards which, after a check has been made against other cards in the office, will have no date of birth noted. By the end of the year 2,026,273 cards had been examined, and it was found that 861,590 medical register cards would need to have the date of birth copied on to them. The check also showed that 216,759 patients were aged 65 or over as at 1st April, 1967, but that approximately 70,000 cards had no date of birth noted and further enquiries were necessary. This has, of course, substantially increased the volume of work of the Registration Section and involved the working of overtime and the employment of additional temporary staff.

3. Inflation

The Registrar General's estimate of the population of the Council's administrative area at 30th June, 1966, was 1,980,760. The number of persons on doctors' lists at 1st July, 1966, was 2,007,915, which exceeded the estimated population figure by 27,155 (approximately 1.37%). By the 1st April, 1967, the number of persons on doctors' lists had risen to 2,026,769, i.e. 46,009 (or 2.32%) above the estimated population figure at 30th June, 1966.

As in previous years, all possible steps have been taken in the office to check inflation and this, of course, has involved a considerable amount of searching and correspondence. The main source of difficulty in this connection is the absence of National Health Service numbers: incomplete applications are referred to the Central Register where, if necessary, new National Health Service numbers are allocated, but the allocation of new numbers is, of course, a source of possible inflation in doctors' lists as the names of the persons concerned may remain registered on the lists of other doctors under the original numbers.

4. Assignment of Persons to Practitioners

A person who is refused acceptance by a National Health Service doctor may make application to the Council to be assigned to a practitioner. It is then the duty of the Allocation Committee to assign the person to such practitioner as they think fit, having regard to the distance between the residence of the person and the various practitioners, and to such other circumstances as appear to them to be relevant. The Chairman of the Allocation Committee is authorised to carry out the power of assignment in cases in which action is necessary before a meeting can conveniently be held. During the year, 22 persons were assigned to lists of practitioners in this way. Of these, 10 were members of 3 families.

5. Drug Addiction

The abuse of the service by persons seeking to obtain excessive supplies of addictive drugs has become an increasing problem, and a check is kept on the movement of persons known to be obtaining these supplies through the registration records. A separate register of these people is maintained and doctors in the area are warned in order to forestall these activities.

It has been emphasised that doctors can greatly reduce the opportunities for abuse of the service in this way by exercising caution in prescribing these drugs for persons who are not known to them (e.g. alleged temporary residents and newcomers), and by taking extra precautions with Forms E.C.10 to prevent them falling into unauthorised hands. The Minister of Health has issued notices to doctors through Executive Councils drawing attention to this problem and inviting their co-operation.

PART IV

PHARMACEUTICAL SERVICES

1. Pharmaceutical List

At the 31st March, 1967, the Council's Pharmaceutical List included the following pharmacies, etc., providing pharmaceutical services:-

(a)	Pharmacies	.....	.....	.....	519
(b)	Drug Stores	.....	.....	.....	4
(c)	Surgical Appliance Suppliers (not included at (a) or (b))			.....	93

2. Hours of Service

The normal hours of business are from 9.00 a.m. to 6.00 p.m. with not more than seventy-five minutes closing for lunch, and on early-closing days 9.00 a.m. to 4.00 p.m. Additional hours of service under the Council's scheme for securing that one or more places of business on the Pharmaceutical List in each district are open at all reasonable times were provided by 424 pharmacies during the year. The duty rotas covered in the main additional service on weekdays, early-closing days, Sundays and Public Holidays, but in the least populated districts it was not thought necessary to provide a full service of this nature. Broadly speaking, full service was given at 350 pharmacies on 90 rotas, and a modified service was provided at 74 pharmacies.

Where the additional hours of service on Sundays and Public Holidays vary in adjacent areas, chemists in each district display a notice giving the times at which service is provided by the other chemists.

The hourly rates for after hours service are 10/-d. on weekdays, £1 on early-closing days, Sundays and Public Holidays.

Payments made in respect of these services during the year ended 31st March, 1967, amounted to £20,079.

During the year Executive Councils received a circular letter from the Minister of Health regarding applications to allow Chemist Contractors to provide services for 5 days a week. The Minister recognised that in retail trades there was a growing demand for a 5-day week for employees and that some chemists might experience difficulty in meeting both the requirements of the hours of service scheme and the wishes of employees; however, it had to be remembered that the services provided by Chemist Contractors flowed from the statutory requirements on Executive Councils to make arrangements for the supply of proper and sufficient drugs, medicines and prescribed appliances to any person receiving general medical services. Any proposals to reduce the minimal hours of business provided for in the schemes had accordingly to be examined in the light of the statutory requirements as well as the difficulties facing Chemist Contractors. The Minister was accordingly of the opinion that at the present time it would not be right to deal with this matter on a national basis or to approve a general alteration in the minimal hours of business specified in this scheme, and he asked Executive Councils to deal with proposals by individual chemists for local Pharmaceutical Committees on a local basis and with reference to the separate districts of their areas.

3. Scheme for Testing Drugs and Appliances

In accordance with the Scheme for testing drugs and appliances 182 samples of drugs and 13 samples of appliances were taken during the year. Three reports in respect of drugs (1.65%) were referred to the Pharmaceutical Service Committee for investigation. One report in respect of an appliance was pursued informally and one report dealt with under "Recorded" procedure.

A summary of the samples taken under the Scheme is given below:-

<u>D R U G S</u>		<u>A P P L I A N C E S</u>	
Elixirs	1	Bandages:	
Emulsions	4	Crepe	1
Gargles	1	Elastic Adhesive	2
Linctuses	9	Cotton Wools:	
Lozenges	1	Absorbent B.P.C.	4
Mixtures	33	Gauzes:	
Penicillin Preparations	3	Absorbent B.P.C.	3
Proprietary Preparations	91	Sofratulle	1
Syrups	1	Lints:	
Tablets	38	Absorbent B.P.C.	1
		Multiple Pack Dressing	1

Samples for testing are now selected from amongst those drugs and appliances already dispensed by chemists and awaiting collection by patients, and the agent of the Council for this purpose is an Inspector appointed for the purpose by the Pharmaceutical Society.

4. Comprehensive Handbook on Prescribing

A comprehensive Handbook on Prescribing has been issued to all general practitioners including assistants and trainee practitioners. The Handbook was prepared after consultation with the British Medical Association and brings together in a loose leaf form current editions of various documents which have been issued for the information of doctors in the Service. Each section is printed on different coloured paper and separated by colour dividing leaves to facilitate insertion of revisions and amendments. A pocket is also included to take a copy of the British National Formulary. Amendments of the Handbook have been made from time to time and copies of the amendments have been issued to practitioners so that these could be incorporated in the Handbook.

5. Remuneration of Chemists

(a) Payment for prescriptions dispensed at each place of business by Chemist Contractors on the Pharmaceutical List for the supply of drugs or drugs and appliances and submitted to the Pricing Offices in respect of each calendar month consists of:-

- (1) (i) the total of the prices of the drugs, preparations, prescribed reagents or appliances, calculated in accordance with the provisions set out in the Drug Tariff,
- less (ii) a discount from the total of the prices calculated as at (i) above to be applied where the number of National Health Service prescriptions dispensed in the month exceeds 1,000 on a scale determined by the Minister after consultation with the Central National Health Service (Chemist Contractors) Committee, starting at one-tenth of one per cent and rising to 3.5 per cent where 7,001 or more National Health Service prescriptions have been dispensed in the month,
- plus (iii) an on-cost allowance of 13% of the total of the prices at (i) above (i.e. before the application of any discount);

(2) the appropriate professional fees as set out in Part IIIA of the Tariff;

(3) the allowances for containers (except in respect of "bulk" prescriptions) as set out in Part VIII of the Tariff.

(b) Payment for prescriptions dispensed by contractors undertaking only to supply appliances at a separate place of business, and received in the Pricing Offices during any calendar month beginning on the first of each month consists of:-

(i) the total of the prices of the appliances, calculated in accordance with the provisions set out in the Drug Tariff, increased by a composite percentage rate of on-cost allowance calculated so as to represent, to the nearest one-tenth of one per cent where the number of prescriptions does not exceed 2,500 and to the nearest one-twentieth of one per cent in other cases, 25% for each prescription up to 500, 20% for each prescription from 501 to 750, and 12 $\frac{1}{2}$ % on the remainder;

(ii) the appropriate dispensing fees in accordance with the scale of fees set out in Part IIIB of the Tariff;

(c) The Minister and the Central National Health Service (Chemist Contractors) Committee consider applications from Chemist Contractors each year for the grant of additional remuneration for pharmaceutical services provided by pharmacies in areas where access to the next nearest pharmacy presents difficulties to patients, and where the pharmacy dispenses on a yearly average not more than 750 prescriptions a month.

(d) In June, 1966 the Council was asked to supply the Ministry of Health with statistical details regarding the number and cost of National Health Service prescriptions dispensed by each Chemist, Drug Store and Appliance Contractor on the Council's list during the calendar year 1965. In February, 1967 the Council was requested to supply similar details in respect of the year ended 31st December, 1966.

6. Weights and Measures

Regulations provide that a chemist may, when carrying out an order for the supply of a drug expressed in terms of gram or milligramme, or any multiple or fraction thereof, use the equivalent quantity prescribed in the Schedule to the Weights and Measures (Equivalents for dealings with drugs) Regulations, 1964.

7. Pricing of Prescriptions

The pricing of prescriptions is carried out by the Joint Pricing Committee for England operating through Pricing Bureaux in various parts of the country. The number of prescriptions submitted by chemists throughout the country totalled approximately 244 millions, almost 10 millions emanating from the Council's area.

8. Preparations alleged not to be Drugs

During the year the Pricing Bureaux referred to the Council for investigation certain cases in which it appeared to the Bureaux that the preparations prescribed might not have been drugs forming part of the Pharmaceutical Services under the Act. The decisions of the Local Medical Committee on cases referred to them are as follows:-

Substance was a Drug - 23 Cases

Amylum B.P.	1	Hycal	3
No. 2 Covering Cream	1	Lacto Calamine Ointment	2
Casilan	1	Liq. Chloroxylerol	1
Coal Tar Shampoo	1	Polytar Shampoo	1
Energen	7	Roccal	1
Foamtrol	1	Skin Bar Soap	1
Gluten free flour	2		

Substance was not a Drug - 22 Cases

Artra Cream	1	Lacto Calamine	1
Casilan	2	Neutrogena Shampoo	1
Complan	5	Sevana Soap	2
Energen	5	Ultra Tan	1
Gluten Free Flour	2	Z.P.11 Cream	2

9. Oxygen Therapy Equipment

Oxygen equipment and/or gas is ordinarily supplied only by contractors who

(a) regularly stock oxygen equipment, as specified in the Drug Tariff, and oxygen gas on the premises;

(b) are prepared, when it would not be reasonable to expect that the patient's representative could safely do so or when he is unable to do so, to deliver the oxygen set and cylinders to the patient's premises, to collect empty cylinders when they are being replaced, and to collect the set and cylinders when informed that treatment has been discontinued, and

(c) are prepared to erect and explain the operation of the oxygen set at the patient's home, particularly when the patient is having oxygen therapy for the first time.

The Council have compiled and issued a List of Oxygen Contractors restricted to those who satisfied the Council that they are in a position to give a full service on the lines set out above, showing in respect of each contractor his name and address and normal hours of business, his telephone number, whether he is available for emergency cases and, if so, at what hours and where (if it is a different address from that of his shop). A copy of the list is distributed to every general medical practitioner and assistant having patients in the area, and to each Chemist Contractor. Chemists whose names are not included in the list have been informed that they should refer the patient's representative to the nearest chemist included in this or an adjacent Council's list.

The Council maintain a record of Oxygen Therapy Equipment on loan to patients from chemists in the area. Periodic enquiries are made from practitioners in whose lists the patients are included to ascertain whether the equipment is still required.

Claims from sixteen chemists in respect of Oxygen Therapy Equipment broken whilst on loan were passed for payment.

10. Medical Practitioners - Drugs & Appliances

There were 40 dispensing doctors included in the Council's Medical List on the 1st January, 1967, who were responsible for the supply of drugs and appliances to all or some of their patients. Thirty-one of these were paid by way of the drug capitation fee, together with additional payment, over and above the drug capitation fee, for the supply of specially expensive items included in the official list and for the supply of other drugs where special sanction is given. The nine remaining doctors have elected to submit their prescriptions for pricing and receive payment on the basis of the Drug Tariff.

The total amount paid to dispensing doctors during the year under review amounted to £68,580.

11. Statistics supplied by the Pricing Bureaux show that 9,670,695 prescriptions were dispensed in the Council's area during the period January to December, 1966. The total cost of the prescriptions amounted to £5,401,193 8s 9d., the average cost per prescription being 11s 2.04d., and the average cost per person £2 14s 7.47d.

GENERAL DENTAL SERVICES1. Dental List

At 31st March, 1967, the names of 619 principal dental practitioners were included in the Council's Dental List, and 41 assistant dental practitioners were also employed by principals for the purpose of providing general dental services in the Council's area.

Practitioners may not employ more than two assistants without the consent of the Council, and such consent is subject to review by the Council, in consultation with the Local Dental Committee, not less than once a year.

In January, 1967 Executive Councils were informed that revised arrangements would be introduced on 1st April, 1967 for recording movement of dentists in and out of the General Dental Services and changes in their status (as single-handed principals, partners, etc.) in the Service. The revised arrangements were necessary to facilitate the use of a new computer to be installed at the Ministry of Health Computer Centre at Fleetwood, for producing statistics about the numbers and distribution of dentists more quickly and efficiently than had hitherto been possible.

2. Remuneration

(a) The Regulations were amended with effect from 1st July, 1966 by providing for a new scale of fees and certain additional payments for dentists providing General Dental Services elsewhere than at Health Centres. The new scale and other payments were in accordance with the recommendations of the Dental Rates Study Group, and were intended to implement the recommendation of the Review Body that the average net remuneration from the General Dental Services should be £3,200 in the year beginning 1st April, 1966.

The gross cost of the General Dental Services provided by dentists on the Council's Dental List during the year 1966/67, was £4,071,178. Receipts from patients' charges amounted to £618,275, with the result that the net cost to the Exchequer was £3,452,903.

Comparative figures in respect of the year 1965/66 were - gross cost £3,611,195; receipts from patients £592,470; net cost £3,018,725.

(b) Regulations were introduced with effect from 13th March, 1967 which enable dentists providing General Dental Service at a Health Centre to be remunerated by fees as an alternative to being remunerated at a salary.

3. Replacement of Dental Appliances

The Regulations place a duty upon the Council to consider applications for the replacement of dental appliances in cases in which the Dental Estimates Board have reason to think that the replacement may be necessitated by lack of care on the part of the patient. Such applications are considered by the General Services Committee who, after inviting the representations of the patient, determine whether the replacement is necessitated by lack of care on the part of the patient and whether the whole or a proportion of the cost of the replacement should be borne by the patient. If it subsequently appears that the payment of the sum so determined to be payable by the patient would involve undue hardship, the Council may make such contribution thereto as they may think fit.

The following statement shows details of decisions reached on applications considered during the year 1966/67:-

	<u>Number of Cases</u>		
(a) There was no lack of care on the part of the patient	306		
(b) Referred back to the Dental Estimates Board for consideration as normal replacement Ø	30		
(c) There was lack of care and -			
(i) the patient should bear the full cost	327		
(ii) the patient should bear part of the cost	59		
(iii) the Council decided to make a contribution to the costs determined to be payable by the patient on grounds of hardship	10		
	<u>732</u>		
Total cost falling on patients	£	s.	d.
	2,135	17.	6.
Total cost falling on Exchequer	*2,071	16.	6.
	<u>£4,207</u>	<u>14.</u>	<u>0.</u>

Ø The Committee were of the opinion that these cases should not be considered under Regulation 25 but should be referred back to the Board for consideration as normal replacement, subject to payment by the patient of the usual statutory charge.

* This amount includes £76 3s 3d contributions by the Council in cases under (c)(iii).

4. Discontinuance of treatment

The Council considered 53 applications by dental practitioners for authority to discontinue treatment they had commenced, and after seeking the observations of the patients concerned all of the applications were granted.

In order to assist in reducing the number of orthodontic cases in which treatment is discontinued before completion, a form is now sent by the Dental Estimates Board to parents or guardians of children who are under the age of 16 years, or to the patients themselves when they are age 16 years or over at the beginning of a course of treatment, pointing out their responsibility for co-operating with the dentist in the treatment and asking them to ensure, as far as possible, that the appliance is worn and that attendance for treatment is continued until the work is completed.

5. References to Dental Officer

During the year a number of enquiries were received from members of the public in regard to dentures provided under the General Dental Services, and in 21 cases it was necessary to have recourse to the Ministry of Health for a report of a dental officer. In all but one of the cases referred for a report of a dental officer during the year under review, the difficulties experienced by the patients were resolved without the necessity for a formal investigation by the Dental Service Committee.

6. Charges for general dental services

These charges are as set out below:-

(a) Treatment

All patients accepted for treatment (other than the provision of dentures) are required to pay £1 or the full cost of the treatment if it is less than that amount. No charge is made to any person for an examination, the arrest of bleeding, or a domiciliary visit.

Excepted classes:-

No charge is made to persons who at the day of acceptance for treatment are children and young persons under the age of 21, expectant mothers, or mothers who have had a child during the preceding twelve months. In these cases the patients or the patients' guardians must sign a declaration in support of the claim for free treatment.

(b) Dentures, including bridges

			<u>Charge</u>		
			£	s.	d.
1, 2 or 3 teeth	.....	.....	2.	5.	0.
4 - 8 teeth	.....	.....	2.	10.	0.
More than 8 teeth (maximum for one denture)			2.	15.	0.
Additions to or relining of dentures (including any other dental treatment)....			1.	0.	0.
MAXIMUM per course for more than one denture or for more than one denture with any other treatment. ....		.....	5.	0.	0.

There is no charge for repairs to dentures or other dental appliances.

Excepted classes:-

No charge is made to persons who at the date of dental examinations are:-

*Children under 16 years or older children who are still attending school full-time.

Expectant mothers.

Mothers who have had a child during the preceding twelve months.

A similar declaration as in (a) above is required.

*A school is defined in the Education Act 1944 as "an institution for providing primary or secondary education, or both primary and secondary education, being a school maintained by a Local Education Authority, an independent school, or a school in respect of which grants are made by the Minister (of Education) to the proprietor of the school".

("School" for this purpose does not include Training Colleges, Universities or other establishments of further education).

7. Use of Hospital facilities by General Dental Practitioners

During the year changes were made in the arrangements by which a patient may receive dental treatment under Part IV of the National Health Service Act, 1946 in a General Practitioner Hospital or Wing. Hitherto such a patient had been able to receive treatment in Hospital only if he was admitted as an in-patient, i.e. for at least an over-night stay, but under the new arrangements it was agreed with the profession that in such cases an over-night stay need not be an essential requirement, and Hospital Authorities were authorised to make available, at their discretion, Hospital facilities in a General Dental Practitioner Hospital or Wing for dental treatment on an out-patient basis. These arrangements are limited to those patients whose medical condition makes it desirable for them to receive Hospital Dental treatment which would normally be undertaken by a General Practitioner in his private surgery.

PART VI

SUPPLEMENTARY OPHTHALMIC SERVICES

1. The Ophthalmic Services Committee

(a) Constitution and term of office

The duties of the Executive Council in regard to Supplementary Ophthalmic Services are exercised on behalf of the Council by the Ophthalmic Services Committee constituted in accordance with the National Health Service (Executive Councils) Regulations. The term of office of members of the Committee is three years. The term of office of the present Committee expires on the 31st March, 1968.

The Committee consists of sixteen members appointed as follows:-

- (i) Eight members by the Council from among the members of the Council other than those appointed by the Local Medical Committee.
- (ii) One medical practitioner by the Council from among the members of the Council appointed by the Local Medical Committee.
- (iii) Three medical practitioners having the prescribed qualifications; three ophthalmic opticians; and one dispensing optician and one standing deputy appointed respectively by such organisations as the Minister may recognise as composed of the professions concerned.

(b) Duties of the Committee

The duties of the Committee are to administer the Supplementary Ophthalmic Services, including the preparation and issue of lists of ophthalmic medical practitioners and ophthalmic and dispensing opticians taking part in the service in the area, the approval of the supply of glasses and of accounts for payment, and the consideration of applications in respect of the replacement and repair of glasses.

(c) Membership of the Committee at the 31st March, 1967

Appointed by the Executive Council

Mr. A. Burgess
Mr. A. E. Fellowes
Mrs. K. C. S. Garrett
Mr. F. D. Gilday-Fox
Dr. J. H. Lankester
Mrs. B. E. Redding
Mr. W. J. Rose (Vice-Chairman)
Mrs. C. M. Waugh
Mr. F. C. Wilson

Dispensing Opticians Appointed by the Association of Dispensing Opticians

Mr. A. W. Spon-Smith
Deputy: Mr. V. G. Lewis

Ophthalmic Medical Practitioners Appointed by the British Medical Association and Faculty of Ophthalmologists

Mr. W. M. de C. Boxill
Dr. J. H. Mellotte
Dr. A. M. Roy

Ophthalmic Opticians Appointed by the Joint Committee of Ophthalmic Opticians

Mr. R. A. Baxter
Mr. E. L. Ebbage (Chairman)
Mr. W. J. Meakin

(d) Sub-Committees (appointments made annually by the Committee)

(i) Accounts Sub-Committee

This Sub-Committee is authorised to approve payment for sight tests and the supply, replacement and repair of glasses.

Membership:

Mrs. K. C. S. Garrett
Mr. F. D. Gilday-Fox
Mr. W. J. Rose

(ii) Advisory Sub-Committee

This Sub-Committee deals with matters of day-to-day procedure within the regulations.

<u>Membership:</u>	Mr. W. M. de C. Boxill	Mr. E. L. Ebbage
	Mr. A. Burgess	Mr. A. W. Spon-Smith

(iii) Hardship Sub-Committee

It is the duty of this Sub-Committee to consider applications for assistance towards the amount payable for the replacement and repair of glasses in cases where it is claimed that payment by the applicant would involve undue hardship.

<u>Membership:</u>	Mr. A. Burgess
	Mr. F. D. Gilday-Fox
	Mrs. C. M. Waugh

(iv) Premises Sub-Committee

This Sub-Committee was appointed to visit and report on the consulting, fitting and waiting rooms of ophthalmic medical practitioners and ophthalmic and dispensing opticians providing Supplementary Ophthalmic Services in the area.

<u>Membership:</u>	Mr. A. Burgess
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together with any lay member and a professional member of the Committee representing the branch of the Service concerned.

2. The Ophthalmic Investigation Committee

Constitution and term of office

The Committee consists of a Chairman and ten other members appointed as follows:-

- (i) Four appointed by the Council from among the members of the Council other than those appointed by the Local Medical Committee.
- (ii) Two ophthalmic medical practitioners;
two ophthalmic opticians; and
two dispensing opticians
appointed respectively by such organisations as the Minister may recognise as composed of the professions concerned.

The Chairman and one of the members appointed by the Council must not be members of the Ophthalmic Services Committee. For the purpose of investigations the Committee normally consists of a Chairman and eight members, that is, four members appointed by the Council, two members representing the branch of the Service involved (ophthalmic medical practitioner, ophthalmic optician or dispensing optician) and one member of each of the other two branches of the Supplementary Ophthalmic Services.

The term of office of members of the Committee is three years, apart from the Chairman and Deputy Chairman who are appointed annually. The term of office of the present Committee, which is set out below, expires on the 31st March, 1968.

Mr. R. O. Jenkins	(Chairman)) Appointed by the Committee
Col. B. Stuart Horner	(Deputy Chairman)	

Appointed by the Executive Council

Principals

Mr. A. E. Fellowes
Mrs. K. C. S. Garrett
Mr. H. W. Payne
Mr. T. Reid

Deputies

Mr. E. Neville Browne
Mr. F. D. Gilday-Fox
Mrs. B. E. Redding
Mr. F. C. Wilson

Appointed by the British Medical Association
and Faculty of Ophthalmologists

Principals

Mr. C. J. Longworth Blair
Dr. J. H. Mellotte

Deputy

(To be appointed when
the need arises)

Appointed by the Joint Committee of Ophthalmic Opticians

Principals

Mr. E. L. Ebbage
Mr. W. J. Meakin

Deputy

Mr. D. O. Rawling

Appointed by the Association of Dispensing Opticians

Principals

Mr. T. H. Collison
Mr. A. W. Spon-Smith

Deputy

Mr. W. S. Stone

3. The Ophthalmic List

During the year 134 alterations were made to the ophthalmic list involving additions, deletions and amendments. The number of practitioners and firms whose names were included in the list on the 31st March, 1967, was as follows:-

		(1966)	
<u>Ophthalmic Medical Practitioners</u>	119	109	
<u>Ophthalmic Opticians</u> - Individuals	288	267 Practices	287) 272 Practices
Firms	90		
<u>Dispensing Opticians</u> - Individuals	97	60 Practices	96) 60 Practices
Firms	37		

4. Statement of Fees and Charges

This Statement specifies the fees and charges for the testing of sight and the supply or repair of glasses and is prepared by the Minister of Health under Regulation 3 of the National Health Service (Supplementary Ophthalmic Services) Regulations, 1956. The Minister made one amendment to the Statement during the year under review to take account of an increase of 1d in the price for spectacle cases with effect from the 1st August, 1966.

5. Sight tests

A fee of £1. 5. 4d. is payable by the Executive Council to an ophthalmic medical practitioner for the testing of sight, unless the sight test is given during sessions arranged by a Local Education Authority when the fee payable is 12s. 6d. No fee is payable in respect of a sight test given by a School Medical Officer whose name is not included in the ophthalmic list.

An ophthalmic optician is entitled to a fee of 17s. 0d. from the Executive Council for each sight test unless he does not dispense glasses at all or, as the result of the test, he does not consider it necessary to prescribe glasses, in which case he is entitled to a fee of 19s. 0d.

The number of sight tests carried out by, and the fees paid to, ophthalmic medical practitioners and ophthalmic opticians during the year covered by this report are given in the statement appended to this section of the report.

6. Permission for sight tests

As a means of preventing unnecessary sight tests, ophthalmic medical practitioners and ophthalmic opticians have been requested to ensure that a person's sight is not tested without the permission of the Ophthalmic Services Committee if it has been tested within the preceding twelve months, except where the need for a further test appears urgent, or where the person's general medical practitioner has been informed that the person should return for a further sight test within six months of the previous test.

During the period under review the permission of the Ophthalmic Services Committee for a second sight test within a year was given in 4,446 cases.

7. Supply of glasses

Persons provided with National Health Service glasses or lenses, except children in certain circumstances, are required to pay the optician the sum of 12s. 6d. for each single vision lens, or 20s. 0d. for each bifocal lens, and a charge of between about 7s. 0d. and 28s. 0d. for the frame, if one is supplied, according to the type of frame chosen. An additional charge is payable if special lenses are supplied at the person's request.

National Health Service lenses may be fitted to a privately supplied frame, provided it has a surrounding protective rim conforming to National Health Service lens shapes. In such circumstances the lens charge mentioned above is payable by the person, together with the optician's price for the private frame if a new one is supplied.

Children under ten years old may be supplied with children's standard glasses without charge, that is, crown glass lenses in a nickel frame, but if any other National Health Service frame, or privately supplied frame is used, the full charges shown above are payable.

Children who are ten years of age, and are either under sixteen or, if aged sixteen or more, in full-time attendance at a school within the meaning of the Education Act, 1944, may also receive children's standard glasses without charge. Alternatively, they may be provided with lenses free of charge if these are fitted to any other National Health Service frame, but the charge for the frame is payable if a new one is supplied. If a privately supplied frame is used the full charges are payable.

The amount due to the optician from the Executive Council is the difference between the full cost of the glasses and the charges contributed by the patient, if any. The number of cases in which glasses or lenses were supplied and the amounts paid by the Executive Council and patients during the year ended 31st March, 1967, are set out in the statement appearing at the end of this section of the report.

8. Dispensing Claims

An analysis was made of the types of frames used for glazing with National Health Service lenses according to dispensing claims received from opticians during the three months 1st November, 1966 to 31st January, 1967. The result of the analysis is given below together with figures relating to the same period the previous year:-

Three months ended:-

	<u>31st January, 1966</u>	<u>31st January, 1967</u>
New National Health Service Frames	13,888 (23.7%)	13,567 (22.4%)
New Private Frames 	31,132 (53.2%)	32,399 (53.6%)
Reglazed Frames 	13,521 (23.1%)	14,546 (24%)

9. Uncollected glasses

Opticians have been requested to report cases where glasses have been ordered but not collected. This request was made in order that a communication could be addressed to the person in an effort to effect collection of the glasses. The Committee have agreed that where all efforts fail to result in delivery of the spectacles the amount due from the Executive Council in respect of the lenses be paid to the optician and that he returns the frames to stock.

During the year 403 cases of uncollected glasses were reported to the Committee. In 163 cases the glasses were eventually collected, but in 119 cases the person failed to take delivery of the spectacles and the Executive Council's share of the cost of the lenses was paid to the optician. The remaining 121 cases were outstanding at the time of this report.

10. Replacement and repair of glasses

The whole or part of the cost of the replacement or repair of glasses is payable by the Executive Council unless the Ophthalmic Services Committee determine that the replacement or repair was necessitated by lack of care, in which case the full cost is payable by the person. If, however, it appears to the Committee that payment by the person would involve undue hardship they may resolve that the whole or part of the cost shall be met by the Executive Council.

Where approval for the replacement or repair of glasses for school children has been given under arrangements made by a Local Education Authority the amount paid by the Executive Council for the work may be recovered from that Authority if the Ophthalmic Services Committee are satisfied that there was lack of care on the part of the pupil.

Statistical and financial data regarding the replacement and repair of glasses for the year under review are contained in the statement given at the end of this section of the report.

11. Domiciliary Visits

Ophthalmic medical practitioners and ophthalmic and dispensing opticians have the right to recover a reasonable charge from any person in respect of a domiciliary visit paid at the request of the person. The Ophthalmic Services Committee were advised that quite often practitioners and opticians forego making a charge for such visits particularly where the person is housebound and unable to meet the charge.

A record was kept of domiciliary visits paid by opticians in the area for the six months - 1st April to 30th September, 1966, as follows:-

	<u>Sight Tests</u>	<u>Dispensing</u>
Ophthalmic Opticians	238	176
Dispensing Opticians	-	23
	<u>238</u>	<u>199</u>

In the light of this information, the Ophthalmic Services Committee made representations to the Ministry of Health that the scope of the Supplementary Ophthalmic Services should be extended to permit domiciliary visits at the expense of the Committee in special circumstances. In reply, the Ministry expressed the opinion that there would be serious difficulties in devising a suitable scheme for the purpose and that any shortcomings in the present arrangements are neither widespread nor intractable. The Ministry also indicated that, in their view, there would be serious difficulties in establishing a procedure in relation to the Supplementary Ophthalmic Services for ensuring that domiciliary visits were not made and paid for unnecessarily.

The Committee remained of the opinion that the scope of these Services should be extended to permit payment of a fee for domiciliary visits in certain circumstances and they did not agree that the introduction of a suitable scheme would present serious difficulties. The Committee accordingly took steps to record details of all visits made in the area, that is, those paid by ophthalmic medical practitioners and ophthalmic and dispensing opticians and decided to make renewed representations to the Ministry of Health when such details are available.

12. Revision of Forms O.S.C.1., O.S.C.2., O.S.C.2A.

In March, 1967, the Ophthalmic Services Committee considered the need for revising these forms and decided to make detailed recommendations on the revisions which they considered to be necessary. The Committee's recommendations were forwarded to the Ministry of Health for consideration in the light of the intention of the Minister to introduce legislation as soon as possible to make the Supplementary Ophthalmic Services a permanent part of the Services administered by Executive Councils.

SUPPLEMENTARY OPHTHALMIC SERVICES

Comparative Statement of Supplementary Ophthalmic Services provided and payments made during the years ended 31st March, 1966 and 1967

Year ended 31st March, 1966

Year ended 31st March, 1967

1. <u>Sight Tests</u>	<u>Number</u>	<u>Payment to nearest £</u>	<u>Number</u>	<u>Payment to nearest £</u>
Sight tests paid for by Executive Council:-				
<u>Ophthalmic Medical Practitioners</u>				
Fees @ 12s.6d.	4,812	3,007	5,785	3,615
Fees @ £1.5.4d.	87,809	111,225	91,604	116,032
Sight tests given by School Medical Officers (Fees not paid by Executive Council)	181	=	8	=
	92,802	£114,232	97,397	£119,647
<u>Ophthalmic Opticians</u>				
Fees @ 19s.0d.	31,723	30,137	33,552	31,875
Fees @ 17s.0d.	159,213	135,331	167,852	142,674
	190,936	£165,468	201,404	£174,549
Additional payments to Ophthalmic Opticians arising from retrospective increase in fees	=	4,511	=	=
	283,738	£284,211	298,801	£294,196
<u>TOTALS</u>				
	210,115	289,995	224,373	319,677
	=	5,889	=	=
	210,115	£295,884	224,373	£319,677
2. <u>Supply of Glasses</u>				
Cases in respect of which a payment was made by Executive Council				
Additional payments to opticians arising from retrospective increase in dispensing fees				
<u>Charges paid to opticians by patients under N.H.S. Acts, 1951 and 1961</u>				
(a) Lenses	.....	1966	1967	
(b) Frames	.....	£310,058	£328,338	
		£36,775	£39,170	
		£346,833	£367,508	

<u>3. Replacements and Repairs</u>		<u>Number</u>	<u>Payment to nearest £</u>	<u>Number</u>	<u>Payment to nearest £</u>
<u>Applications approved:-</u>					
(a) No personal carelessness	.....	1,404)		1,343)	
(b) No personal carelessness (Local Education Authority arrangements)		2,292)	3,867	2,315)	3,837
(c) No personal carelessness and hardship grounds	.....	23)		19)	
(d) Hardship grounds only	.....	14)		13)	
		3,733	£3,867	3,690	£3,837
<u>Applications not approved:-</u>					
(a) Personal carelessness		383	-	391	-
(b) Payment claimed from Local Education Authorities	.....	425	357	313	326
		4,541	£3,510	4,394	£3,511
		-	£583,605	-	£617,384
TOTAL PAYMENT FOR SUPPLEMENTARY OPHTHALMIC SERVICES					

PART VII

NATIONAL HEALTH SERVICE (SERVICE COMMITTEES

AND TRIBUNAL REGULATIONS

1. Service Committee Investigations

During the year under review the Service Committees of the Council investigated the following cases:-

(a) Dental Service Committee	.....	.....	7
(b) Medical Service Committee	.....	.....	6
(c) Ophthalmic Investigation Committee	.....	.....	1
(d) Pharmaceutical Service Committee			
Drug Testing Scheme	.....	.....	3
			<u>17</u>

A summary of the recommendations of the Council is given below:-

<u>Committee</u>	<u>Action Recommended</u>	<u>Number of Cases</u>
Dental Service Committee	No action Withholding of money Withholding of money and warning Withholding of money and all estimates to be submitted to D.E.B. for prior approval	1 3 2 1
Medical Service Committee	No action	6
Ophthalmic Investigation Committee	No action	1
Pharmaceutical Service Committee	No action Warning	2 1
<u>TOTAL</u>		17

2. Appeals against decisions of the Dental Estimates Board

During the year the Council has on 24 occasions provided secretarial assistance in connection with the hearing by the Minister of Health of appeals against the decision of the Dental Estimates Board under Regulation 18 of the Service Committees and Tribunal Regulations. The hearings took place at Hospitals in various parts of the area and were held in the evening.

SUPERANNUATIONThe National Health Service Superannuation Scheme

1. The Scheme is compulsory and applies to:-

- (a) Whole time employees of the Executive Council over 18 years of age;
- (b) General medical and dental practitioners on the list of the Executive Council; and
- (c) Assistant medical and dental practitioners, except those assistant medical practitioners for whose employment the consent of the Executive Council is not required, provided that not less than 50% of the salary of the assistant is attributable to the care and treatment of Health Service patients.

The duties of Executive Councils in this connection have steadily grown both in volume and complexity, particularly since the introduction of the National Insurance Graduated Pension Scheme, and the assistance of the Finance Officer has been sought by practitioners and their representatives on the many problems arising under the Scheme. The expressions of thanks received have been greatly appreciated.

The responsibilities of the Council (as an "employing authority") are broadly (a) to deduct employees' contributions and account for both employers' and employees' contributions; (b) to maintain personal superannuation records; (c) to inform the Superannuation Division of changes in personal circumstances; (d) to return contributions in certain cases, and (e) to transmit to the Division claims for benefits. Medical and dental practitioners normally cease to pay superannuation contributions and to reckon service at the age of 65, but they may apply for an extension to any age up to 70. Applications for extension are submitted through the Executive Council, who obtain the views of the Local Medical Committee or the Local Dental Committee, as the case may be, so that due regard can be had to the needs of the Service and the desirability in any area of encouraging practitioners to continue in practice. The fact that a practitioner has reached "pensionable" age does not, however, preclude him from continuing in practice.

It was recognised when the National Health Service Superannuation Regulations were made that many practitioners would already be committed to paying premiums on insurance policies taken out to provide for their retirement or for their dependants in case of death, and practitioners who were on the list of an Executive Council at the inception of the Service were given an option to remain outside the National Health Service Superannuation Scheme if they held sufficient insurance cover, and to receive from the Executive Council a sum equal to 8% of their "superannuable" remuneration as a contribution towards the premiums.

2. New Regulations, which came into operation on 15th December, 1966, amended the 1961 Regulations. The principal amendments provided for (i) revised methods for calculating the benefits payable to general medical and dental practitioners and to part-time hospital specialists and other part-time officers; (ii) the introduction of optional alternative arrangements for widows' pensions at the rate of one-half of the officer's pension; (iii) the introduction of allowances for the dependent children of deceased officers and pensioners; (iv) the award of deferred benefits to officers with at least ten years' service where employment is terminated before age 55 as a result of redundancy; (v) the discontinuance of the employer's supplementary contribution of $1\frac{1}{2}$ per cent of remuneration; (vi) certain changes relating to the definition of superannuable remuneration of practitioners, including raising the limit in the case of dental practitioners from £3,500 to £6,000 a year. Other provisions related to the extension of certain time limits and changes relating to the abatement of pensions on re-employment.

G E N E R A L

1. Appointments to other bodies

Dr. R. V. Goodliffe and Mr. C.S. Petheram serve as the Council's representatives on the Surrey Joint Liaison Committee comprising representatives of the Regional Hospital Board, the Hospital Management Committees, the Surrey County Health Committee and the Executive Council.

Drs. M. Gold and J. H. Lankester serve as the Council's representatives on the Professional Advisory Committee on the Maternity Services in Surrey, with Drs. Ursula M. Dick and E. D. Ward as deputies.

Drs. J. D. Finnegan and D. F. Kanaar serve as the Council's representatives on the Maternity Liaison Committee of the Croydon and Warlingham Park Hospital Management Committee.

Mrs. A. Woodgate serves as the Council's representative on the Geriatric Sub-Committees of the Redhill and Netherne and the St. Helier Group Hospital Management Committees, the Surrey Association for the Elderly and the Health and Welfare Committee of the Royal Borough of Kingston upon Thames.

Mr. W. J. Rose is the Council's representative on the Management Side Panel from which Management Side members of the Whitley Council Administrative and Clerical Staffs Regional Appeals Committees are drawn.

Mrs. B. E. Redding is the Council's representative on the Surrey Council of Social Service and the Greater London Conference on Old People's Welfare.

Mr. C. S. Petheram and Mr. F. C. Wilson have been appointed to the Panel from which members of the Mental Health Review Tribunals would be drawn.

Mrs. K. C. S. Garrett serves as the Council's representative on the Maternity Services Liaison Committee of the North-West Metropolitan Regional Hospital Board.

Mr. C. S. Petheram serves as the Council's representative on the London Liaison Committee.

2. Executive Council's Association (England)

The following are the elected representatives of the Executive Councils for the Southern Division of the Management Committee for the year 1966/67:-

Mr. R.L. Darche	- Devon and Exeter
Mr. W.R. Gunlack	- Cornwall
Dr. P.W.F. McIlvenna	- Reading
Dr. H. Rosenberg	- West Sussex
Dr. K.J.T. Wilson	- Dorset

The President of the Association is Alderman Mrs. M. Cutler, O.B.E., J.P., (Southampton) and the Vice-President is Dr. H. F. Hiscocks (Southend-on-Sea).

The Chairman of the Council (Mr. E.W. Gearey), Dr. R.V. Goodliffe, Mr. W. J. Rose, Mr. F.C. Wilson, and the Clerk of the Council were appointed to attend the Nineteenth Annual Meeting of the Association at Hastings on the 13th and 14th October, 1966.

The objects of the Association are :-

(a) To confer on matters relating to the National Health Service Act, 1946, and any amending Act, in order that Executive Councils may have the benefit of the practice and procedure of one another in matters of difficulty and doubt, as well as in the general administration of the National Health Service and the various Regulations, etc., issued by the Minister of Health, and to take such steps as may from time to time appear advisable to obtain amendments which experience may show to be desirable.

(b) To watch over and protect the general interest of Executive Councils as they may be affected:-

(i) By legislation of general application to Executive Councils and their areas;

(ii) By the administration of the various Departments of the Government which may exercise jurisdiction over the work of the National Health Service;

and

(c) To take action generally in relation to any subjects in which Executive Councils may be interested.

3. Joint Pricing Committee (England)

The Committee comprises twelve members elected by Executive Councils on a group basis and one member appointed by the London Executive Council. The election of members takes place annually, the election being conducted by the Executive Councils' Association in accordance with the National Health Service (Joint Pricing Committee for England) Order.

4. Royal Society of Health

The Minister of Health intimated that attendance of not more than two members of Executive Councils and the Clerk of the Council at the Congress of the Royal Society of Health could be regarded as "approved duty" under the National Health Service (Travelling Allowances, etc.) Regulations. Mr. W.J.Rose, Mr. F.C.Wilson and the Clerk of the Council were appointed to attend Congress at Blackpool on 25th to 29th April, 1966.

5. Staff

(a) Establishment

A statement setting out the provisional staff establishment and gradings of the Council's administrative, clerical and ancillary staff and the staff in post at 31st March, 1967, is appended to this section of the report.

During the year 134 full-time and 5 part-time staff were recruited and 111 full-time and 13 part-time staff left the employment of the Council. The difficulties of recruiting and retaining staff have increased considerably following the transfer of Governmental Departments into the Surbiton area, particularly as the rates of pay offered by the Departments exceeded those which the Council was permitted to offer.

(b) Training

The Council decided to continue the arrangement whereby a limited number of young people were permitted to attend Day Release Classes organised by the Surrey County Education Committee.

During the year three members of the staff attended Training Schools as below, under the auspices of the Executive Councils' Association Staff Training Committee:-

Avoncroft College - Bromsgrove - Senior School

1 Male Officer

Kingsgate College - Broadstairs - Preliminary School

2 Female Officers

(c) Retirements

During the period covered by this report four members of the staff, Mrs.M.I.Fielder, Mrs.H.K.Dixon, Miss E.M.Lehner, Mrs.J.W.Rhodes, retired from the service of the Council having completed, 17, 18, 18 and 19 years' service, respectively.

6. Office Accommodation

(a) The office premises of the former Surrey and Croydon Executive Councils which were transferred to the new Council on 1st April, 1965, were inadequate to accommodate the Council and its staff, records and equipment, and the Council decided to obtain temporary accommodation in the vicinity of the offices at Surbiton to house part of the Registration Section and to seek approval to extend the office premises at 187 Ewell Road, Surbiton, so as to provide accommodation which was adequate and complied with the requirements of the Offices, Shops and Railway Premises Act, 1963 (the main sections of which had been brought into force in August 1964). Plans for the proposed extensions and alterations were prepared in consultation with architects and were approved by the Ministry of Health, but the Council was unable to proceed owing to the building restrictions imposed by the Board of Trade under the provisions of the Control of Offices and Industrial Development Act, 1965. The Council were accordingly forced to seek additional office accommodation elsewhere, and in November, 1966, the Administration and Finance Sections were transferred to new offices at Victoria House, London Road, North Cheam, Surrey.

(b) The Council decided that the offices should remain closed on Saturday mornings and that a telephone answering machine should be installed to accept telephone messages. The machine, which is available to take messages at all times when the offices are closed, has proved to be a useful adjunct to the services provided at the Enquiry office, and it has been particularly helpful to practitioners telephoning for supplies of stationery and forms, or with enquiries which can, of course, be made at times convenient to the practitioners and dealt with by the staff on the following day.

STAFF ESTABLISHMENT

AND STAFF IN POST AT 31ST MARCH, 1967

Establishment

Staff in Post

(1) ADMINISTRATIVE AND CLERICAL STAFF

GENERAL ADMINISTRATION

Clerk	1		1
Deputy Clerk	1		1
Principal Administrative Assistant (Associate Deputy Clerk)	1		1
Senior Administrative Officer	1		1
Executive Officer I	4		4
Higher Clerical	5		5
Personal Secretary (Higher Clerical)	1		-
Supervisor of Typists (Scale II)	1		1
Shorthand Typists	6	(Full-time)	2
		(Part-time)	5
Copy Typists	1		1
Clerical	10		9
Clerical (Restricted)	14		13
Machine Operator (Extended Scale)	1		1
Machine Operator	2 (49)		2 (47)

FINANCE

Finance Officer	1		1
Senior Administrative Officer (Deputy Finance Officer)	1		1
Executive Officer I	4		4
Higher Clerical	3		3
Clerical	10		6
Clerical (Restricted)	-		3
Shorthand Typist	1	(Part-time)	1
Machine Operator (S.D.)	- (20)		1 (20)

OPHTHALMIC

Senior Administrative Officer	1		1
Executive Officer I	1		1
Higher Clerical	1		1
Clerical	12		8
Clerical (Restricted)	7 (22)		9 (20)

REGISTRATION

Registrar	1		1
Executive Officer II	1	(S.A.)	1
Executive Officer I	2	(E.O.II)	1
		(E.O.I)	1
Higher Clerical	9		9
Clerical	22		19
Clerical (Restricted)	55 (90)	(Full-time)	83
		(Part-time)	18 (133)
	<u>181</u>		<u>220</u>

S U M M A R Y

Established	...	111
Unestablished	...	85
Part-time	...	24

220 staff employed 31st March, 1967

(2) ANCILLARY STAFF

Handymen	(2 Part-time)	4	(2 Part-time)	4
Cleaners	(Part-time)	6		5
		<u>10</u>		<u>9</u>

FINANCIAL STATEMENTS

The National Health Service Financial Regulations 1948 lay down financial procedures to be followed by Executive Councils in the exercise of their functions under Part IV of the National Health Service Act, 1946. The regulations further provide for the form of accounts to be kept by the Council, for the accounts to be furnished by them to the Minister and for the audit of these accounts.

The accounts for the year ended 31st March, 1967, were submitted for approval and adoption by the Council at their meeting on the 10th May, 1967. A copy of the accounts and financial statements relating thereto are set out, together with a copy of the Estimate of Administration Payments for the year ending 31st March, 1968.

The total net cost of the services administered by the Executive Council for the year ended 31st March, 1967, amounted to £13,596,688, which represents a charge of £6. 17. 4d. per head of the estimated population of the area (1,980,760).

	<u>Total net cost 1966/1967</u>	<u>Percentage of Total net cost</u>	<u>Net cost per head of population</u>		
	£		£	s.	d.
<u>Administration</u>					
Salaries and Superannuation	185,996	1.368		1	11
Other expenses	54,506	.401		-	7
	240,502	1.769		2	6
<u>General Medical Services</u>	3,906,223	28.729	1	19	6
<u>Pharmaceutical Services</u>	5,369,536	39.491	2	14	2
<u>General Dental Services</u>	3,452,903	25.395	1	14	11
<u>Supplementary Ophthalmic Services</u>	617,385	4.541		6	3
<u>Other Payments</u>	10,139	.075		-	1
	13,596,688	100.000	6	17	5

MINISTRY OF HEALTH
NATIONAL HEALTH SERVICE ACTS

The Executive Council for SOUTH-WEST LONDON AND SURREY

Statement of Account for the year ended 31st March, 1967 (Receipts and Payments)

1. Advances from Minister of Health.....	£	-	s.	-	d.	-	£.	13,419,000.	s.	-	d.	-
2. Superannuation contributions retained:												
(a) Deducted from salaries, wages, remuneration of practitioners, etc.....		219,866.	3.	3.								
(b) Council's share												
(1) Basic contributions - Regulations 7 (1)		349,807.	12.	11								
(11) Supplementary contributions of 1½% - Regulation 7 (2)		36,546.	3.	9.			636,219.	19.	11			
3. Superannuation - employee's contributions received in cash.....		-	-	-			73.	3.	5.			
4. Other receipts:-												
(a) From patients for dental treatment at Health Centres.....		-	-	-								
(b) From Medical Practitioners for use of Health Centres.....		-	-	-								
(c) Repayment of Group Practice Loans.....		10,862.	10.	-								
(d) Items supplied by Ministry of Public Building and Works (ECL 63/59)		784.	2.	9.								
(e) Miscellaneous :-												
Rent.....£60. Search Fees.....£69.												
Writing Notices..£182.15.8. Collection Fees... £15.15.-.												
Other £ 1.7.10.		328.	18.	6.			11,975.	11.	3.			
Total							14,067,268.	14.	7.			
5. Balance as at 31st March, 1966 (brought forward from last account)	£						11,846.	3.	7.			
							14,079,114.	18.	2.			
6. Administration Expenses:												
(a) Salaries and Wages (including Insurance and Superannuation Contributions)		185,996.	1.	2.								
(b) Travelling and subsistence expenses.....		1,360.	2.	7.								
(c) Other administration expenses		53,145.	18.	2.								
7. General Medical Services.....		-	-	-								
8. Pharmaceutical Services.....		-	-	-								
9. General Dental Services.....		-	-	-								
10. Supplementary Ophthalmic Services..		-	-	-								
11. Superannuation contributions refunded		-	-	-								
12. Payments under reg. 75 of the Supn. Regs.....		-	-	-								
13. Payments not covered by Items 6-12 (to be specified)		-	-	-								
.....												
Total							13,596,687.	19.	0.			
14. Balance as at 31st March, 1967 (including £36.0.6. in hands of officers)	£						482,426.	19.	2.			
							14,079,114.	18.	2.			

Ministry of Health

THE EXECUTIVE COUNCIL FOR SOUTH-WEST LONDON AND SURREY

Statement of Account for the year ended 31st March, 1967.

ANALYSIS OF PAYMENTS

A. <u>ADMINISTRATION</u>	£. s. d.	£. s. d.
1. <u>Staff salaries, etc:-</u>		
(a) Salaries and wages		
(i) Administrative and Clerical Staff	152,522. 2. 3.	
(ii) Other Staff	2,276. 8. 2.	
(b) Overtime	8,575. 15. 6.	
(c) National Insurance contributions (Council's share):-		
(i) Graduated Pensions Scheme	688. 15. 2.	
(ii) Other	6,813.12. 8.	
Selective Employment Tax	4,507.13. 0.	
Superannuation contributions (Council's share-administration staff)	10,611.14. 5.	185,996. 1. 2.
<u>Travelling and subsistence expenses</u>		
(a) Staff	599.16. 11.	
(b) Members of Council and Ophthalmic Services Committee		
(i) Travelling and subsistence	568.17. 11.	
(ii) Loss of earnings	117. 7. 6.	
(c) All other persons (e.g. witnesses)	74. 0. 3.	1,360. 2. 7.
3. <u>Other administration expenses:-</u>		
(a) Construction, purchase, adaption of premises, etc. (including improvements and adaptations to premises in current use: acquisition of land; and all relevant professional charges)	- - -	6,414. 10. 6.
(b) Maintenance of premises		
(i) Repairs and decoration	440. 8. 7.	
(ii) Furniture and equipment	1,908. 7. 1.	2,348. 15. 8.
(c) Rent	10,280. 9. 10.	
(d) Rates	4,240.12. 5.	
(e) Heat, Light, and cleaning	2,449.19. 6.	
(f) Stationery and printing	6,041. 7. 3.	
(g) Advertising	509.14. 4.	
(h) Postage	18,432.16. 3.	
(i) Telephones	988.16. 9.	
(j) Testing of drugs and appliances	999.15. 9.	
(k) Other payments :-		
Sub.to Assocn. of E.C.'s.	20. 0. 0.	
Prof. charges not proper to 3(a)	200. 3. 6.	
Conference fees	26. 4. 0.	
Transport & Removal charges not proper to 3(a)	4.10. 0.	
Medical Exams. of staff	109. 4. 0.	
Training Expenditure	30.17. 11.	
Meal Vouchers	44.17. 6.	
Other	3.13. 0	44,382. 12. 0.
Total		£ 240,502. 1. 11.

B. GENERAL MEDICAL SERVICES

I. Payments of certain items relating to the period ended 30.9.66. including late payments made after that date

			£	s.	d.
1. Capitation payments	.....	.....	1,127,883.	14.	11
2. Loadings other than those at (3)	.....	.....	358,792.	6.	3.
3. Additional loadings (E.C.L.35/63)	.....	.....	14,853.	11.	9.
4. Supplementary annual payments	.....	.....	1,091.	6.	3.
5. Postgraduate education fund payments	.....	.....	2,220.	0.	0.
6. Central Pool balance payments:					
in respect of year 1963/64 (final)	.....	.....	87,296.	1.	6.
1964/65 (advance)	.....	.....	61,833.	0.	0.
7. Supplementary payment (E.C.L.107/66)	.....	.....	29,726.	0.	0.
8. Direct payments under paras. 5, 6, and 7 of E.C.N.565	.....	.....	1,838.	15.	10.

II. Payments under the Statement of Fees and Allowances from 1.10.66. including payments from 1.4.66. of continuing items

1. Basic practice allowances	.....	.....	379,469.	2.	2.
2. Additions for					
(i) Practice in certain designated areas	.....	.....	100.	0.	0.
(ii) Group practice	.....	.....	14,250.	0.	0.
(iii) Seniority	.....	.....	42,787.	4.	0.
(iv) Vocational training	.....	.....	820.	9.	8.
(v) Employment of assistant other than (vi)	.....	.....	3,538.	14.	0.
(vi) Employment of assistant where (i) is in payment	.....	.....	-	--	-
3. Standard capitation fees	.....	.....	994,438.	0.	6.
4. Payments for out of hours responsibilities:					
(i) Supplementary practice allowances	.....	.....	82,034.	1.	10.
(ii) Supplementary capitation fees	.....	.....	73,046.	11.	9.
5. Postgraduate training allowances	.....	.....	700.	0.	0.
6. Maternity medical services fees	.....	.....	237,754.	19.	5.
7. Temporary resident fees	.....	.....	55,615.	19.	0.
8. Emergency treatment fees	.....	.....	27.	15.	0.
9. Anaesthetic fees	.....	.....	63.	7.	3.
10. Arrest of dental haemorrhage fees	.....	.....	1.	15.	0.
11. Rural practice payments	.....	.....	8,237.	16.	0.
12. Initial practice allowances	.....	.....	571.	13.	6.
13. Inducement payments	.....	.....	-	-	-
14. Payments under the trainee practitioner scheme	.....	.....	14,883.	4.	11.
15. Direct payments for ancillary staff	.....	.....	26,276.	5.	10.
16. Direct payments for practice accommodation:					
(i) Rent	.....	.....	4,894.	0.	0.
(ii) Notional rent and rental allowances	.....	.....	11,131.	0.	0.
(iii) Rates	.....	.....	5,659.	0.	0.

III. Other Payments

1. Improvement grants	.....	.....	2,954.	0.	0.
2. Group practice loan issues (for repayments see 4C of Statement of Account.)	.....	.....	39,184.	0.	0.
3. Agency payments for D.M.O. reports	.....	.....	135.	0.	0.
4. Superannuation contributions (Council's share) (See note)	.....	.....	209,235.	19.	11.
5. Payments to L.H.As. for use of Health Centres (Medical)	.....	.....	-	-	-
6. Disposable sterile syringes	.....	.....	11,592.	17.	10.
7. Advances to Local Medical Committees - net	.....	.....	-	-	-
8. Advances under paras. 10 to 14 E.C.N.565 - net	1,285.	14.	4.
9. Other payments	-	-	-

3,906,223.	8.	5.
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Note: Including employers' contributions in respect of Regulation 75 optants.

C. PHARMACEUTICAL SERVICES						
1. Payments due to pharmacists (excluding 2 and 3):-				£	s.	d.
(a) For the supply and dispensing of drugs and appliances (excluding (b))				5,330,048.	16.	5.
(b) As compensation for loss of, or damage to, oxygen equipment				55.	8.	6.
(c) Special interim payments (E.C.L.57/54)	£	-	-	-		
LESS Repayments (including final recoveries under E.C.L.30/66)	52,965.	-.	-.	(-)	52,965.	0. 0.
Total				5,277,139.	4.	11.
2. Payments for rota services				20,079.	5.	0.
3. Supplementary payments for pharmacies in certain areas (E.C.L.17/66)				932.	0.	0.
4. Payments to medical practitioners for the supply and dispensing of drugs and appliances				68,577.	19.	2.
5. Superannuation contributions (Council's share) relating to item 4 (see Note)				2,917.	15.	4.
6. Advances to Local Pharmaceutical Committee:-						
Advances made in 1966/67	£ 5,848.	-.	-.			
LESS Amounts recovered in 1966-67	5,954.	8.	5.	(-)	106.	8. 5.
				5,369,539.	16.	0.
7. Other payments						
LESS payments by patients under N.H.S. Act.1949			(-)	3.	18.	0.
Total				5,369,535.	18.	0.
D. GENERAL DENTAL SERVICES						
1. (a) Payments due to dental practitioners (excluding item 2 and charges other than those at (i) and (ii))				3,907,590.	4.	10.
LESS (i) Charges to patients under the N.H.S. Acts, 1951, 1952, and 1961.	£ 616,387.	5.	4.			
(ii) Charges to patients under Regn.25 of the G.D.S. Regns. 1954 and 1964.	1,888	11.	5.	618,275.	16.	9.
Net Total				3,289,314.	8.	1.
2. Payments to dental practitioners practising at Health Centres				-	-	-
3. Superannuation contributions (Council's share) (See note)				163,588.	7.	0.
4. Payments to local health authorities for use of Health Centres (Dental)				-	-	-
5. Advances to Local Dental Committee:-						
Advances made in 1966-67	£ 437.	5.	0.			
LESS Amounts recovered in 1966-67	437.	5.	0.	-	-	-
6. Other payments				-	-	-
TOTAL				3,452,902.	15.	1.

		£	s.	d.
E. <u>SUPPLEMENTARY OPHTHALMIC SERVICES</u>				
1.	Payments to ophthalmic medical practitioners for testing of sight	119,647.	7.	2.
2.	Payments to ophthalmic opticians for testing of sight	174,548.	12.	0.
3.	Total dispensing fees as per Statement of fees and charges	282,256.	19.	3.
4.	Total cost of lenses, frames and cases (excluding dispensing fees and charges to patients other than those at (6) below)	404,929.	13.	8.
5.	Replacements and repairs (including refunds to patients)	3,510	18.	8.
Total of items 1 to 5		984,893.	10.	9.
LESS				
6.	Charges to patients under the N.H.S. Acts 1951 and 1961:-			
	(a) Lenses	£ 328,338.	13.	9.
	(b) Frames	£ 39,170.	7.	8.
Net amount of items 1 to 6		367,509.	1.	5.
7.	Advances to Local Optical Committee:-			
	Advances made in 1966-67	£ 147.	0.	0.
	LESS Amounts recovered 1966-67	£ 147.	0.	0.
8.	Other payments	-	-	-
Total		617,384.	9.	4.
F. <u>Payments not covered by Sections A-E</u>				
(a)	Superannuation contributions refunded:-			
	(i) Administration staff	1,116.	12.	0.
	(ii) Medical Practitioners	132.	12.	9.
	(iii) Dental practitioners	579.	18.	3.
(b)	Payments under Regn. 75 of the Supn.Reg:-			
	(i) General Medical Services	8,299.	19.	10.
	(ii) Pharmaceutical Services	10.	3.	5.
	(iii) General Dental Services	-	-	-
(c)	Other	-	-	-
		10,139.	6.	3.

ADMINISTRATION RECEIPTS

1965/66 Receipts	Description	1966/67 Revised Estimate	1967/68 Estimate
£		£	£
6,234	1. Superannuation contributions retained:- (a) Employees' share	7,150	7,500
10,243	(b) Council's share (as at Part 2 Item 1(e))	11,800	12,400
16,477	Total 1	18,950	19,900
86	2. Superannuation - Employees' contributions received in cash	-	-
18	3. Items supplied by Ministry of Public Building and Works without cash settlement	500	2,000
54	4. Rent	50	50
3,383	5. Other receipts including sales of equipment, luncheon vouchers etc.	200	200
3,541	Total 2-5	750	2,250
20,018	Total Receipts	19,700	22,150

ESTIMATE FOR THE YEAR ENDING 31ST MARCH 1968

ANALYSIS OF ESTIMATED ADMINISTRATION PAYMENTS

Payments 1965/66	Heads of expenditure	Revised Estimate 1966/67	Estimate 1967/68
£	1. <u>Staff salaries, etc.</u>	£	£
128,361	(a) Gross salaries and wages of all employed staff	155,000	165,000
1,936	(i) Administrative and Clerical staff	2,400	3,000
1,911	(ii) Other staff	10,000	15,000
	(b) Overtime		
	(c) National Insurance contributions (Council's share)		
306	(i) Graduated Pensions Scheme	540	650
5,762	(ii) Other	6,700	7,200
	(d) Selective Employment Tax	4,300	7,800
10,243	(e) Superannuation Contributions (Council's share)	11,800	12,400
148,519	Total	190,740	211,050
	2. <u>Travelling and subsistence etc. expenses:-</u>		
	(a) Staff:-		
89	(i) Testing of drugs and appliances	20	-
526	(ii) Other duties	420	600
	(b) Members of Council and Ophthalmic Services Committee:-		
652	(i) Travelling and subsistence	700	750
108	(ii) Loss of earnings	150	210
48	(c) All other persons (e.g. witnesses, candidates, etc.)	50	50
1,423	Total	1,340	1,610
	3. <u>Construction, purchase, adaptation of premises etc. Including:-</u>		
	Improvements and adaptations to premises in current use; acquisition of land; and all relevant professional charges.		
700		6,500	40,000
	4. <u>Maintenance, repairs, equipment etc.</u>		
156	(a) Maintenance, repair, decoration of premises	250	1,000
	(b) Furniture and equipment including items supplied by the Ministry of Public Building and Works without cash settlement	1,600	2,750
2,025			
2,181	Total	1,850	3,750
	5. <u>Other expenses</u>		
3,440	(a) Rent	8,800	10,250
1,941	(b) Rates	3,850	5,000
2,519	(c) Heat, Light, cleaning contracts and materials etc.	3,000	4,500
4,112	(d) Stationery and printing	5,000	5,500
214	(e) Advertising	600	500
11,438	(f) Postage	16,500	18,000
686	(g) Telephones	700	1,200
1,028	(h) Testing of drugs etc.	1,400	1,400
20	(i) Subscription to Association of Executive Councils	20	20
626	(j) Miscellaneous	600	600
26,023	Total	40,470	46,970
178,846	Grand Total	240,900	303,380

